2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006
Secretary of State

DOCUMENT# P05000115352

Entity Name: CEDRIC CHIROPRACTIC & REHABILITATION CENTER INC

Current Principal Place of Business:

4141 HWY 27 NORTH, STE. 3
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

4141 HWY 27 NORTH, STE. 3
SEBRING, FL 33870

New Mailing Address:

FEI Number: 38-3741274 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LINDOR, SERGO
5537 WOLF RD.
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

SONIA, TOUZE
4409 OAKHAM CT
ORLANDO, FL 32818 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SONIA TOUZE 09/08/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: NOMBRE, AMOS
Address: 5539 HOLLOW OAK RD.
City-St-Zip: ORLANDO, FL 32808

Title: CFO ( ) Delete
Name: JOSEPH, MANUELLA
Address: 2012 AVALON RD.
City-St-Zip: SEBRING, FL 32870

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: MASSON, CANSKY
Address: 4409 OAKHAM CT
City-St-Zip: ORLANDO, FL 32818

Title: CFO (X) Change ( ) Addition
Name: MALVOISIN, PIERRE
Address: 4415 OAKHAM CT
City-St-Zip: ORALANDO, FL 32870

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANSKY MASSON PRES 09/08/2006
Electronic Signature of Signing Officer or Director Date